Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse from **February16th through 28th**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICA	TION FOR			٠	OMI	3 Approval No. 0348-00
FEDERAL	ASSISTA	NCE	2. DATE SUBMITTED		Applicant Identifier	
1. TYPE OF SU	IBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Application Construction		Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Con	INFORMATION	Non-Construction				
Legal Name:	INTORMATION			Organizational Unit:		
	Carney, Di	rector			f Housing & Comm	unity Services
	ity, county, State,				number of person to be conti	
1		nda City, Nevada C	ounty, CA	this application (give al 530-265-1388	rea code)	
6. EMPLOYER	IDENTIFICATION	N NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropriate letter	rin box)
9 4 — 8. TYPE OF AP		N NUMBER (EIN):		A. State B. County	H. Independent School Dis I. State Controlled Institution	
0. 111 E 01 A		ДОП	o - Donotai-	C. Municipal	J. Private University	in of riigher Learning
	∠ New	continuation B	2 8 Revision	D. Township	K. Indian Tribe	
If Revision, ente	r appropriate lette	er(s) in box(es)		E. Interstate	L. Individual	
				E .	M. Profit Organization	
A. Increase A	ward B. Dec	rease Avard ATE Inorease	ARMIN'G HOUSE	G. Special District	N. Other (Specify)	
D. Decrease [ouration Other(s	specify).		9. NAME OF FEDERAL AGENCY:		
			·	USDA, Rural Development		
10. CATALOG	OF FEDERAL DO	MESTIC ASSISTANCE NU	MBER:	11. DESCRIPTIVE TIT	LE OF APPLICANT'S PRO	JECT;
			1 0 - 4 3 3			
			7 0 0	Very Low Income Single Family Housing Rehab Grants in Nevada County, CA		
		g Preservation Grants				
12. AKEAS AFI	ECTED BY PRO	DJECT (Cities, Counties, Stat	es, etc.):			
Nevada Cou	inty, CA					
13. PROPOSED	PROJECT	14. CONGRESSIONAL DIS	TRICTS OF:		***************************************	
Start Date 7/1/03	Ending Date 6/30/04	a. Applicant 4th Congressi		b. Project		
15. ESTIMATED	FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY	STATE EXECUTIVE
*·····				ORDER 12372 PR	OCESS?	
a. Federal		\$	100,000	V50 THO BB54	554 (617) 614 (554 (618) 61	
b. Applicant		\$	00		PPLICATION/APPLICATIOI TO THE STATE EXECUTIV	
b. Applicant		•	25,000		FOR REVIEW ON:	VE ORDER 12372
c. State		\$ 1	,000,000	DATE	02/28/03	
d. Local \$		329,000	b. No. 🔲 PROGRA	M IS NOT COVERED BY E	. O. 12372	
e. Other		\$	30,760	OR PROG FOR REV	BRAM HAS NOT BEEN SEL IEW	ECTED BY STATE
f. Program Incon	ne	\$. 00			
a TOTAL		c	00		IT DELINQUENT ON ANY I	EDERAL DEBT?
g. TOTAL	T OF MY KNOW	·	,484,760		ittach an explanation.	₩ No
		VLEDGE AND BELIEF, ALL AUTHORIZED BY THE GOV				•
		THE ASSISTANCE IS AWAI		- ALLEWART AND IT	E ALL FIOMNE MITT COM	EI WIIN ING
	Authorized Repr		b. Title		c. Telephone Number	
James M Ca	•		Director Housing &			

d. Signature of Authorized Representative

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e. Date Signed
2 - 2 3 - 0 - Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

APPLICATION FO	R
FEDERAL ASSIST	ANG
1. TYPE OF SUBMISSION:	

OMB Approval No. 0348-0043

AFFLICATION	•				
FEDERAL ASSISTAL	NCE	2. DATE SUBMITTED February 27, 2003		Applicant Identifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Application Construction Non-Construction	Preapplication Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	V
5. APPLICANT INFORMATION					
Legal Name:			Organizational Unit:	Office of Followskips	
Glenn County	11111	<u> </u>	Glenn County	Office of Education	
Address (give city, county, State, 525 West Sycamore Willows, CA 95988	Street FE	B 2 8 2003	Ithis application <i>(give ar</i> Dr. Joni Samp (530) 934 - 65	oles 175	
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN)		7. TYPE OF APPLICA	.NT: (enter appropriate letter in t	p = 3
6. EMPLOYER IDENTIFICATION 9 4 6 0 0 0	6 9 STATE C	LEARING HOUS	Slate	H. Independent School Dist.	В
8. TYPE OF APPLICATION:			B. County	State Controlled Institution of	Higher Learning
	/ Continuation	Revision	C. Municipal	J. Private University	
№ New	Continuation		D. Township	K. Indian Tribe	
If Revision, enter appropriate lett	er(s) in box(es)		E. Interstate	L. Individual	
		٠ - ا	F. Intermunicipal	M. Profit Organization	
	rcase Award C. Increas	e Duration	G. Special District	N. Other (Specify)	
D. Decrease Duration Other()	specily):		9. NAME OF FEDERA	L AGENCY:	
Anna Anna Anna Anna Anna Anna Anna Anna		· · · · · · · · · · · · · · · · · · ·	US Department of	of Agriculture	
10. CATALOG OF FEDERAL DO	OMEGIO A COICTANCE N	IIMBER,	44 DESCRIPTIVE TIT	LE OF APPLICANT'S PROJEC	<u></u>
10, CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE N				/ti
		1 0 7 6 6	New Administration	on building	
TITLE: Community !	Facilities Loans			•	
12. AREAS AFFECTED BY PRO	DJECT (Cities, Counties, Sta	atos, etc.):	1		
Glenn County, California	·				
13, PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:			
Start Date Ending Date	a. Applicant	00.00	b. Project		
5/1/03 11/1/03	Doug Ose	e - CA 03		Doug Ose - CA 03	
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE		
		00	ORDER 12372 PR	OCESS?	
a. Fodoral	\$	2,250,000	a. YES. THIS PREA	PPLICATION/APPLICATION W	AS MADE
b. Applicant	\$	O(I	AVAILABLE	TO THE STATE EXECUTIVE (
c. State	\$	€6	DATE	02/27/03	
d. Local	\$	00	b. No. T PROGRA	NM IS NOT COVERED BY E. O.	12372
6. Other	\$	(3/3)	-	GRAM HAS NOT BEEN SELEC	
f. Program Income	\$	00	17 IC THE ADDITION	NT DELINQUENT ON ANY FED	SERAL DERT?
g. TOTAL	\$			attach an explanation	Ø No
18. TO THE BEST OF MY KNOW			ATION/DDEADOLICAT	TION ARE TRUE AND COPPE	T THE
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE G	OVERNING BODY OF TH	E APPLICANT AND TH	HE APPLICANT WILL COMPLY	WITH THE
a. Type Name of Authorized Rep		b. Title		c, Telephone Number	
Dr. Joni Samples		Superintendent of	Schools	(530) 934-6575	
d. Signature of Authorized Repre				e. Date Signed	
one	ample			Standard Form 424	(Day 7.07)

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APPLICATION FOR				OMB App	proval No. 0348-0043
FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier	
	2-26-03				
1. TYPE OF SUBMISSION:	Dra a salla sala n	3. DATE RECEIVED BY	STATE	State Application Identifier	
Application Construction	Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION Legal Name:			Organizational Unit:		
Community Service			Sacramento H	unger Commission	
Address (give div. county, State, 909 12th Street, Sacramento, CA 95	814	D 0 7 0000	his application (give at Peggy Roark,	(916) 447-7063, e	xt, 335
6. EMPLOYER IDENTIFICATION 94-1201	1 9 6	0 2 7 2000	Z/TYPE OF APPLICA A. State	NT: (enter appropriate letter in b H. Independent School Dist.	N N
8. TYPE OF APPLICATION:		LEARING HOU	B. County C. Municipal D. Township	State Controlled Institution of Private University K. Indian Tribe	Higher Learning
If Revision, enter appropriate lett			E. Interstate F. Intermunicipal	L. Individual M. Profit Organization N. Other (Specify)	fit corp
A. increase Award B. Dec D. Decrease Duration Other(s	rease Award C. Increase specify):	Duration	G. Special District		
		· ·	9. NAME OF FEDERAL AGENCY: USDA - Food and Nutrition Service		
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE NU	IMBER:	Sacrament	rLE OF APPLICANT'S PROJECT O EATS (Enrollment n) with FSP (Food S	Assistance
12. AREAS AFFECTED BY PRO Sacramento Cour	<u> </u>	tas, etc.):			
	14. CONGRESSIONAL DIS	STRICTS OF:			·
Start Date Ending Date	a. Applicant		b. Project		
6-1-03 5-30-06	District 5		Districts 3	5.11	
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PF	SUBJECT TO REVIEW BY STA	ATE EXECUTIVE
a. Federal	\$999,798	. 502	a. YES, THIS PREA	APPLICATION/APPLICATION W	AS MADE
b. Applicant	\$ 30,000	od .	AVAILABLE TO THE STATE EXECUTIVE ORDE PROCESS FOR REVIEW ON:		ORDER 12372
c. State	\$, O	DATE _2.	-26-03	
d. Local	\$ 330,909	_ 	b. No. PROGRA	AM IS NOT COVERED BY E. O.	12372
e. Other \$			OR PRO	GRAM HAS NOT BEEN SELEC VIEW	TED BY STATE
f, Program Income	\$	្នុងដ	17 IS THE APPLICA	NT DELINQUENT ON ANY FED	ERAL DEBT?
g. TOTAL	\$ 1,360,707	oc .	1	attach an explanation.	∑ No
18. TO THE BEST OF MY KNOW	WLEDGE AND BELIEF, ALI AUTHORIZED BY THE GO	VERNING BODY OF TH	ATION/PREAPPLICATE APPLICATION TO T	TION ARE TRUE AND CORRECT HE APPLICANT WILL COMPLY	T, THE WITH THE
ATTACHED ASSURANCES IF	THE ASSISTANCE IS AWA	RDED.		c. Telephone Number	
a. Type Name of Authorized Rep Nancy M. Finde	eisen	Executive Dir	ector	(916) 447-7063, e	xt. 328
d. Signature of Authorized Repre	fullesen-	and the same of th	1	a. Date Signed 2 - 24 - 03 Standard Form 424	(Pay 7-97)

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FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier			
		February 27, 2003					
1. TYPE OF S	SUBMISSION:	Preapplication	3. DATE RECEIVED E		State Application Identifier	7	
Constr		Construction Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier		
	IT INFORMATION						
Legal Name:			·	Organizational Unit:			
San Mate	eo County R	esource Conservat	ion District				
Half Moo Mike.Edr	city, county, State montes Streen n Bay, CA 94 noff@sanmat R IDENTIFICATION	teorcd.org		this application (give a Mike Ednoff, E 650-712-7765	number of person to be con trea code) Executive Director voice; 650-726-04 ANT: (enter appropriate lette	194 fax	
9 4	6 0 3 6			7. THE OF AFFLICA	ANT: (enter appropriate lette	,	
3 4	0 0 3 0	14 9 1		A. State	H. Independent School Dis	G	
8. TYPE OF APPLICATION: New				B. County C. Municipal D. Township E. Interstate F. Intermunicipal	I. State Controlled Institution J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)		
D. Decrease	Duration Other/	specify):				rrn e -	
				9. NAME OF FEDERA	L AGENCY:	1 EB 2 7 7	
				NOAA Fisherie	s	STATE CLEARING	
10. CATALOG	OF FEDERAL DO	DMESTIC ASSISTANCE NU	MBER:	11. DESCRIPTIVE TIT	LE OF APPLICANT'S PRO	JECT:	
12. AREAS AI Apanolio	Creek, San I	NECT <i>(Cities, Counties, Sta</i> ted) Mateo County, Cali	fornia		on Steelhead Pass ek Watershed, EP y, California		
13. PROPOSE		14. CONGRESSIONAL DIS Tom Lantos, 12th		14th, represent	RCD boundaries		
Start Date 06/01/03	1 - 1	a. Applicant		b. Project	411		
00/01/03 15. ESTIMATE	05/31/05	Lantos 12th; Esho	00 14th	Anna Eshoo, 1			
15. ESTIMATE	D FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY	STATE EXECUTIVE	
- F-J A			00	ORDER 12372 PR	OCESS?		
a. Federal ((ABOL	\$	79,045				
b. Applicant		\$,00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 123 PROCESS FOR REVIEW ON:			
c. State		\$.12,000	DATE 02/2			
d. Local		\$,00	h No. II DDOCDAI	M IS NOT COVERED BY E.	0.40070	
e. Other (Fed	levai	\$ 2	58,320 ·	1	RAM HAS NOT BEEN SELI		
f. Program Inco	ome	\$.00		****		
g. TOTAL		\$ 7	49,365 ^{°°}		T DELINQUENT ON ANY F ttach an explanation.	EDERAL DEBT?	
DOCUMENT H ATTACHED A	IAS BEEN DULY A SSURANCES IF T	LEDGE AND BELIEF, ALL AUTHORIZED BY THE GOV HE ASSISTANCE IS AWAF	DATA IN THIS APPLIC ERNING BODY OF TH	L ATION/PREAPPLICATI E APPLICANT AND THI	ON ARE TRUE AND CORF E APPLICANT WILL COMP	ECT, THE PLY WITH THE	
a. Type Name o Michael E	of Authorized Repre		Title Executive Direc	tor	c. Telephone Number 650-712-7765		
I. Signature of	Authorized Represi	entative (a. Date Signed 02/26/03		

				The Real Property of the Party		
APPLICATION FOR				QMB (Approval No. 0348-0643		
		2. DATE SUBMITTED		Applicant Identifier		
FEDERAL ASSISTAN	4CC	January 2	9,"2003	113		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier FEB 2 5 2003		
Application Construction	Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier		
Non-Construction	Mon-Construction			OF ARING HO		
S, APPLICANT INFORMATION				SIAIEULLANIA		
I and Marce	E PARK CREEK	ASSOCIATES, A	Organizational Unit: CALIFORNIA	LIMITED PARTNERSHIP		
Address (give city, county. State,			Name and telephone number of person to be contacted on matters throwns			
	ie South, Nampa		this application (give area code) Gar-Mar Associates / Attn: Margo 530/823-9250			
Canyon County	Idaha 83653		Gal-Ivial Asso	ociales / Altr. Margo occ, and and		
_			7 TYPE OF APPLICA	ANT: (enter appropriate letter in box)		
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		7.111201 21101	N		
		•	A, State	H. Independent School Dist.		
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Learning		
<u></u>	Continuation	Revision	C. Municipal	J. Private University		
✓ Nev			D. Township	K, Indian Tribe		
If Revision, enter appropriate left	er(s) in box(es)	1	E. Interstate	L. Individual M. Profit Organization		
		- · · ·	F. Intermunicipal G. Special District	N. Other (Specify) Partnership		
7 E III GIOGOO I TITO I I		se Duration	G. Special District	74 0416. (0)25		
D. Decrease Duration Other	(specify):		9. NAME OF FEDERA	AL AGENCY:		
			UNITED STATE	S DEPARTMENT OF AGRICULTURE		
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N	IUMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:		
10. CATALOG OF FEBLIOLE		10-415	DARK CREEK V	ILLAGE - Affordable rental housing		
			anartment project	ct - 48 total units consisting of 16/2-bdrm,		
TITLE: Rural Renta	I Housing Section 515	(RRH-515)	24/3-bdrm, & 8/4	Lbdrm units to be built on 3.45 acres		
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties, St	tates, etc.):	located on the no	ortheast comer of Walnut & Ventura		
Farmersville, Tulare Cou	ntv. California	0	Avenues in Farn	nersville, Tulare County, California.		
13. PROPOSED PROJECT	14. CONGRESSIONAL D	ISTRICTS OF:				
		1	b. Project			
Start Date Ending Date	a. Applicant	ict #1)	District #17		
10/1/03 7/1/04	Distr	ICC IF I	16 IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE		
15. ESTIMATED FUNDING:		4	ORDER 12372 P			
a. Federal	\ S	, Wi	i			
a. receidi		500,000	a. YES, THIS PRE	APPLICATION/APPLICATION WAS MADE LE TO THE STATE EXECUTIVE ORDER 12372		
b. Applicant	\$	26,316 "		FOR REVIEW ON:		
c. State	\$	2,306,076	DATE	· ·		
	\$	ďυ				
d. Local	3	915,000	b. No. PROGR	RAM IS NOT COVERED BY E. O. 12372		
e. Other	\$	650,000	OR PRO	OGRAM HAS NOT BEEN SELECTED BY STATE		
4.8	\$	aa				
f. Program Income	3	·	17. IS THE APPLICA	ANT DELINQUENT ON ANY FEDERAL DEBT?		
g. TOTAL	\$	4,397,392		" attach an explanation. 🕡 No		
19 TO THE BERT OF MY KNI		LL DATA IN THIS APPLI	CATION/PREAPPLICA	ATION ARE TRUE AND CORRECT, THE		
DOCUMENT HAS BEEN DUL	Y AUTHORIZED BY THE C	SOVERNING BODY OF I	HE APPLICANT AND	THE APPLICANT WILL COMPLY WITH THE		
ATTACHED ASSURANCES	f the assistance is av	VARDED.	:	c. Telephone Number		
a Type Name of Authorized Re	apresentative	b. ⊤itle		(208) 461-0022		
Caleb Roope: Manager	of, ROOPE, LLC	General Partner				
d. Signature of Authorized Rep	resentative			e. Date Signed 2 /1-2/03		

~	Į. Į			TE G GMBA	DE 0043
APPLICATION FOR	. "			lini Ber	pproversio. 0545-04-5
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED January 2	29, 2003	Applicant Identifics	2003 191
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Application Construction Non-Construction	Prespolication Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier CLEAR	ING HOUSE
5. APPLICANT INFORMATION			Organizational Unit:	The second secon	
	F VISTA RIDGE	ASSOCIATES, A	CALIFORNIA	LIMITED PARTNER	RSHIP
Address (give city, county, State	, and zip code):		Name and relephone in	umber of person to be contact	ed on matters involving
13 - 12th A	venue South, Nam ounty, Idaho 83653	npa		ciates / Attn: Margo	,
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropriate letter in	box)
		·	A. State	H. Independent School Dist.	
8. TYPE OF APPLICATION:		:		I. State Controlled Institution of J. Private University	A Higher resuming
☑ Nev	w ☐ Continuation	☐ Revision	C. Municipal D. Township	K. Indian Tribe	
If Revision, enter appropriate let	ror(s) in box(es)		E. Interstate	L. Individual	
		.	F. Intermunicipal G. Special District	M. Profit Organization N. Other (Specify)Part	nership
A HICIEGISC MAGNITURE	CI COLO I MO.	e Duration	G. Special District	11, Other (Opson))	
D. Decrease Duration Other	(specify):		9. NAME OF FEDERA		
			1 .	DEPARTMENT OF AC	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N	UMBER:		LE OF APPLICANT'S PROJ	i i
	al Housing Section 515	10-415	anartment project	PARTMENTS - Affordat t - 56 total units consisti	ng of 16/2-bdm,
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties, St	ates, etc.):	32/3-bdrm, & 8/4-bdrm units to be built on 7.0 acres located on the northwest corner of Southridge Drive & the		
Red Bluff, Tehama Cour	nty, California 96080		future Vista Way	extension, Tehama Cou	ınty, CA
13. PROPOSED PROJECT	14. CONGRESSIONAL D	(STRICTS OF:			
Start Date Ending Date	a. Applicant	ict #1	b. Project	District #2	
10/1/03 7/1/04	Distr	ιτι π ι	16. IS APPLICATION	SUBJECT TO REVIEW BY	TATE EXECUTIVE
15. ESTIMATED FUNDING:	·		ORDER 12372 PF	ROCESS?	
a. Federal	\$	500,000	a. YES. THIS PREA	APPLICATION/APPLICATION E TO THE STATE EXECUTIV	WAS MADE E ORDER 12372
b. Applicant	\$	26,316	PROCESS	FOR REVIEW ON:	
c. State	\$.	3,535,657	DATE		
d. Local	\$	· · · · · · · · · · · · · · · · · · ·	b. No. PROGR	AM IS NOT COVERED BY E. IGRAM HAS NOT BEEN SELE	O. 12372
e. Other	\$	800,000	FOR RE		.01250.07
f. Program Income	\$		17. IS THE APPLICA	NT DELINQUENT ON ANY F	EDERAL DEBT?
g. TOTAL	\$	4,861,973		attach an explanation.	⋈ No
18. TO THE BEST OF MY KN	OWLEDGE AND BELIEF, P		CATION/PREAPPLICA	TION ARE TRUE AND CORE	LECT, THE
DOCUMENT MAS BEEN DU	TA VOLHOKIZED BALLUE A	POARKHING DOOL OL 1	HE APPLICANT AND T	HE APPLICANT WILL COM	LE A Addition to American
ATTACHED ASSURANCES	IF THE ASSISTANCE IS AT	b. Title		c. Telephone Number	
a. Type Name of Authorized R Caleb Roope, Manager	/01. ROOF L, LLO	General Partner		(208) 461-0022 e. Date Signed	
Li Oianata at Authorized Rel	presentative			1/2 2/22/	
d. Signature of Adulto 2007				Standard Form 4	24 (Rev. 7-97)

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APPLICATION FOR		· · · · · · · · · · · · · · · · · · ·		OMB Approval No. 0348-0043
FEDERAL ASSISTANCE 2. DATE		2. DATE SUBMITTED		Applicant Idéhirfier 🖟 🖟 🖟 📗 W
		Februar	/ 21, 2003	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED	SY STATE	State Application Identifier
Application Construction	Preapplication Construction	4 DATE BECEIVED	Y FEDERAL AGENCY	Federal Identifier
Non-Construction	Non-Construction	A. DATE RECEIVED	ST PEDERAL AGENCY	, substantial .
5. APPLICANT INFORMATION			•	STATE OF ADMINIS
Legal Name:	0.000		Organizational Unit:	CIATE OLCARING HOUS
Newman Village Part	<u>ners, a Calif. Limit</u>	ted Partnership	Name and belonders	number of person to be contacted on matters involving
Address (give city, county. State,		•	this application (give	4
P.O. Box 6520, 8445	W. Elowin Court			
Visalia, Ca 93290			Doug Pingel.	(559) 651-1000 ext. 651
6. EMPLOYER IDENTIFICATION		corary for Self-		ANT: (enter appropriate letter in box)
9 4 - 1 5 9 2	6 7 6 Help Ent	erprisės, Gėnera	A, State	H. Independent School Dist.
8, TYPE OF APPLICATION:	Partner.	Not Partoership	B. County	State Controlled Institution of Higher Learning
_	Continuation	Revision	C. Municipal	J. Private University
₩ New	<u> </u>		D. Township	K. Indian Tribe
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate F. Intermunicipal	L. Individual M. Profit Organization
A. Increase Award B. Deti	rease Award C. Increas	e Duration	GI Special District	N. Other (Specify) Lmtd. Partership
	specify):	e odrado.		- REE TO ARRIVE Law
			9. NAME OF FEDER	AL AGENCY:
		:	USD	A, Rural Housing Services
		:		
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE N			ITLE OF APPLICANT'S PROJECT:
	•	10-415		
TITLE: Section 515.	Rural Rental Housing	Loan Program		a 52-unit rental project with community
12. AREAS AFFECTED BY PRO			room and recrea	ational facilities
City of Newman, County of	of Stanislaus, Californi	ia		·
	14. CONGRESSIONAL DI	·		
13. PROPOSED PROJECT	14. CUNGRESSIONAL DI	ISTRICTS OF:		a e e e e e e e e e e e e e e e e e e e
Start Date Ending Date	a. Applicant		b. Project	
10/23/03 9/1/03	2	1 :		18
15. ESTIMATED FUNDING:		• 4 •		N SUBJECT TO REVIEW BY STATE EXECUTIVE
		24	- PRDER 12372 P	KUCESSY
a. Federal USDA, RD 515	S	250,000	alyes, THIS PRE	APPLICATION/APPLICATION WAS MADE
b. Applicant	5	20		E TO THE STATE EXECUTIVE ORDER 12372
		50	PROCESS	5 FOR REVIEW ON:
Julian States of Carrie	rs .	991, 5 00	DATE	02/21/03
HCD - HOME	5	35		(((((((((((((((((((((((((((((((((((((
u. Local			ы No. 🗆 PROGR	AM IS NOT COVERED BY E. O. 12372
e. Other State & Federal	\$	E 000 640	i ilii	GRAM HAS NOT BEEN SELECTED BY STATE
Tax Credits		5,659,543	_ FOR RE	VIEW
Conventional Loan	\$	600.000	17 IS THE APPLICA	ANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	S			
		7,501,043	1 77	attach an explanation.
18. TO THE BEST OF MY KNOW	VLEDGE AND BELIEF, AL	LL DATA IN THIS APPL	ICATION/PREAPPLICA	ATION ARE TRUE AND CORRECT, THE
			HE APPLICANT AND	THE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF		b. Title		c. Telephone Number
Peter N. Carey	s van van son d. 3 belad hill W Van	Secretary, Self-H	elp Enterprises	(559) 651-1000
a. Signalure of Authorized Repre	sentative General	Partner of Newm	n Village	e. Data Signed February 21, 2003
	Partner:	s. A California J	imited Partnersh	Standard Form 424 (Rev. 7-97)
Previous Echon Usable Authorized for Local Reproductio	'n			Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

APPLICATION FOR				OMB Approval No. 0348-0043	
FEDERAL ASSISTANCE		2. DATE SUBMITTED February 26, 2003		pplicant Identifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Application Construction Non-Construction	Preapplication Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Tower Pointe of Dos Palo	THE RESERVE THE PERSON NAMED IN THE PERSON NAM)	Organizational Unit: Limited Partne		
Address (give city, county, State,	and zip code):	***	i '	number of person to be contacted on matters involving	
P.O. Box 1197	granded as the second as the s		this application (give a) David J. Cordes	rea code)	
Sunset Beach, CA 907		GEIWEI	(562) 592-1518	FAX (562) 592-2049	
6. EMPLOYER IDENTIFICATION PEND 8. TYPE OF APPLICATION:	ING	B 2 mm	A. State B. County C. Municipal	H. Independent School Dist. J. State Controlled Institution of Higher Learning J. Private University	
If Revision, enter appropriate letter	ISTATE	Revision LEARING HO	D. Township E. Interstate F. Intermunicipal	K. Indian Tribe L. Individual M. Profit Organization	
	rease Award C. Increase specify):	Duration	G. Special District	N. Other (Specify) <u>Limited Partners</u> hip	
m. b. maranda marantani	7		9. NAME OF FEDERAL AGENCY:		
		COMMON TRANSPORTED AND AND AND AND AND AND AND AND AND AN	USDA-Rural I	Development	
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE NO	IMPED.	11. DESCRIPTIVE TO	TLE OF APPLICANT'S PROJECT:	
10. CRIALOG OF FEDERAL D		10-415		tion of 26 one-bdrm rental units	
TITLE: 515	L		I.	derate income, 1 two-bdrm on-site	
12. AREAS AFFECTED BY PRO	NECT (Cities Counties Sta	ites, etc.):		and an on-site office and laundry.	
Dos Palos, Merced C	•	,		•	
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:	and the second s		
Start Date Ending Date	a, Applicant		b. Project		
6-2004 10-2004	California 45th D	ıstrict	California 18th		
15. ESTIMATED FUNDING:				SUBJECT TO REVIEW BY STATE EXECUTIVE	
a. Federal	\$	00	ORDER 12372 PF	HUCE55:	
USDA-RD Sec 515	1,000,000) D6		APPLICATION/APPLICATION WAS MADE E TO THE STATE EXECUTIVE ORDER 12372	
b. Applicant (Inc. LIHTC Equity)	536,904		1	FOR REVIEW ON:	
c. State HOME	935,057	,	DATE	· ·	
d. Local	\$			A LOCATION OF THE PARTY OF THE	
e. Other	\$.00		AM IS NOT COVERED BY E. O. 12372 GRAM HAS NOT BEEN SELECTED BY STATE VIEW	
f. Program Income	\$	20			
g. TOTAL	\$	₽O.	┫	NT DELINQUENT ON ANY FEDERAL DEBT?	
	2,521,961			attach an explanation.	
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE GO	VERNING BODY OF TH	CATION/PREAPPLICATI IE APPLICANT AND T	TION ARE TRUE AND CORRECT, THE HE APPLICANT WILL COMPLY WITH THE	
a. Type Name of Authorized Rep David J. Cordes, N	resentative	b. Title President, Cord	les Housing General Partner	c. Telephone Number (562) 592-1518	
d. Signature of Authorized Repre		California, inc.,	General Faluer	e. Date Signed	
tind !	Caden			February 20, 2003	
Previous Edition Usable		1		Standard Form 424 (Rev. 7-97)	

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED	Applicant Identifier		
1. TYPE OF SUBMISSION Application	Preapplication	3. DATE RECEIVED BY STATE	State Application Identifier		
□ Construction	☐ Construction	4. DATE RECEIVED BY	Federal Identifier		
■ Non-Construction	□ Non-Construction	FEDERAL AGENCY			
5. APPLICANT INFORMATION		Organizational Unit:			
Legal Name: STATE OF CALIFORNIA DEPARTMEN	T OF HEALTH SERVICES	DEPARTMENT OF HEALTH SI			
Address (give city, county, state, and zip coo 601 NORTH SEVENTH STREET P.O. BOX 942732 SACRAMENTO CA 94234-7320	le);	Name and telephone number of involving this application (give a ROBIN R HOOK (916)-323	,		
6. EMPLOYER IDENTIFICATION (EIN):		7. TYPE OF APPLICAN	NT: (enter appropriate letter here)A		
<u>68-0317191</u>		B. County I C. Municipal	H. Independent School District State Controlled Institution of Higher Learning J. Private University K. Indian Tribe		
8. TYPE OF APPLICATION:		'	_ Individual		
☐ New ■ Continuation	☐ Revision	F. Intermunicipal	M. Profit Organization		
If Revision, enter appropriate letter(s) in bo	x(es):	G. Special District	N. Other (Specify):		
	rease Award rease Duration	9. NAME OF FEDERAL AGENCY: ENVIRONMENTAL PROTECTION AGENCY			
10. CATALOG OF FEDERAL DOMESTIC	CASSISTANCE	11. DESCRIPTIVE TITLE OF	APPLICANT'S PROJECT:		
66.468		DRINKING WATER STATE REVOLVING FUND LOAN PROGRAM			
TITLE:	OCTATE DEVOLVINO EUND	BINNING WITER OWNER			
CAPITALIZATION GRANTS FOR DRINKING WATER 12. AREAS AFFECTED BY PROJECT (cit					
etc.):					
CALIFORNIA - STATEWIDE					
13. PROPOSED PROJECT:	14. CONGRESSIONAL	DISTRICT OF			
Start Date	a. Applicant: 1		b. Project ALL		
15. Estimated Funding:		16. IS APPLICATION SI	UBJECT TO REVIEW BY STATE EXECUTIVE		
a. Federal	\$ 82,460,900	12372 PROCESS? YES			
b. Applicant	\$	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR			
c. State	\$16,492,180	REVIEW ON: DATE December 31, 2002			
d. Locai	\$	b. NO. PROGRAM IS NOT COVERED BY E.O. 12372			
e. Other	\$2,000,000	☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR			
f. Program Income	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
g. TOTAL	\$ 100,953,080	☐ YES If "Yes" attach a	an explanation.		
THE ATTACHED ASSURANCES IF TH	RIZED BY THE GOVERNING F ASSISTANCE IS AWARDE	BODY OF THE APPLICANT AN	ND THE APPLICANT WILL COMPLY WITH		
a. Typed Name of Authorized Representati	ve.	b. Title: Chief Deputy Director	c. Telephone Number 657-1425		
David Souleles , d. Signature of Authorized Representative			e. Date Signed		
Dal Comple	1	FB 2 1 2003	2/11/03		
Previous Editions Usable		EB 2 1 2003			
Previous Editions Usable Authorized for Local Reproduction	STATE (CLEARING HOUSE	Standard Form 424 (REV 7-97) Prescribed by OMB Circular A-102		

OMB Approval No. 0348-0043 2. DATE SUBMITTED Applicant Identifier **APPLICATION FOR** 2 FEDERAL ASSISTANCE 3. DATE RECEIVED BY STATE State Applicant Identifier 1. TYPE OF SUBMISSION Preapplication Application ☐ Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier ☐ Construction 04-004-68-0386518 ☐ Non-Construction ■ Non-Construction 5. APPLICANT INFORMATION The CSU, Chico Research Foundation Organizational Unit: Legal Name: Name and telephone number of person to be contacted on matters involving this Address (give city, county, state, and zip code): application (give area code) Kendall Hall, Room 114 Dan Ripke (530) 898-4598 Technical: CSU, Chico Diane Johnson (530) 898-6543 Budgetary: Chico, Butte Co., CA 95929-0870 Virginia Sturr (530-898-5700) Contractual: 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) ı 3 8 l 6 5 8 | - | 0 A State H. Independent School Dist. State Controlled Institution of Higher Learning B. County Private University 8. TYPE OF APPLICATION: C. Municipal D K. Indian Tribe Township E. Interstate Individual □ Continuation New □ Revision M. Profit Organization = Intermunicipal N. Other (Specify) Special District If Revision, enter appropriate letter(s) in box(es): C. Increase Duration A. Increase Award B. Decrease Award 9. NAME OF FEDERAL AGENCY: D. Decrease Duration Other (specify): U. S. Department of Agriculture Rural Development 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Northern California Entrepreneur Development Program 9 TITLE: Rural Business Enterprise Grant Program 12. AREAS AFFECTED BY PROJECT (cities, countles, states, etc.): 17 county region of Northern California 14. CONGRESSIONAL DISTRICTS OF: 13. PROPOSED PROJECT: b. Project a. Applicant Start Date **Ending Date** 2 Second 7/1/2003 6/30/2004 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 15. ESTIMATED FUNDING: **ORDER 12372 PROCESS?** 150,000.00 \$ a. Federal a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THESTATE EXECUTIVE ORDER 12372 \$ 0.00 b. Applicant PROCESS FOR REVIEW ON: 0.00 \$ c. State DATE 02/20/03 \$ 0.00 d. Local PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE 0.00 e. Other \$ FOR REVIEW f. Program Income 0.00 \$ 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? If "Yes," attach an explanation. ☐ No ☐ Yes 150,000.00 g. TOTAL 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. c. Telephone number b. Title a. Typed Name of Authorized Representative 530-898-5700 Director, Office of Sponsored Programs Jeff Wright Date Signed Representative d. Signature of Authoriz Standard Form 424 (REV. 4-92) U Previous Editions Usable Prescribed by OMB Circular A-Authorized for

STATE CLEARING HOUSE

APPLICATION FEDERAL AS		2. DATE SUBMITTED	omeggevartassers sakressopi vyregojokljući piškije umity erson, huderavne jajya	Applicant Identifier
1. TYPE OF SUBMISSION Application	N: Preapplication	3. DATE RECEIVED BY	STATE	State Application Identifier
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
☐ Non-Construction	n XXNon-Construction			
5. APPLICANT INFORMAT	CION			
Legal Name:	ome Improvement		Organizational Uni	t:
Address (give city, cour	ity, state, and zip code):	Project	Name and telepho	ne number of the person to be contacted on matters involving
	wview Drive #10	0	this application (g	
Redding, C			Keith G (530) 3	
6. EMPLOYER IDENTIFICA	ATION NUMBER (EIN):		7. TYPE OF APPLIC	ANT: (enter appropriate letter in box)
9	5 47468 2 9 9 0	6 7 8	A. State B. County C. Municipal	H. Independent School Dist.I. State Controlled Institution of Higher LearningJ. Private University
8. TYPE OF APPLICATION	: ·		D. Township	K. Indian Tribe
	New Continuation	n 🗌 Revision	E. Interstate F. Intermunicio	L. Individual pal M. Profit Organization
If Revision, enter approp	riate letter(s) in box(es):		G. Special Dist	37 m = 1 .
A. Increase Award		Increase Duration		Corporation
D. Decrease Duration	Other (specify):		9. NAME OF FEDER	AL AGENCY:
	v -		USDA Rui	cal Development
10. CATALOG OF FEDERA ASSISTANCE NUMBE	L DOMESTIC 1 0	4 3 3		TLE OF APPLICANT'S PROJECT:
Rural	Housing Preserv		repair ar	d site housing preservation and rehabilitation assistance
Grant	nousing rieser	acion	to 32 ver	y low-income owner occupied
12. AREAS AFFECTED BY	PROJECT (cities, counties, states	, etc.):	housing u	units in Shasta and Tehama
Shasta and	d Tehama County,	CA	County, C	California.
	- comumu country,	E		
13. PROPOSED PROJECT:	14. CONGRESSI	ONAL DISTRICTS OF:		
Start Date	Ending Date a. Applicant			b. Project
6/1/03 5	5/31/04 2nd CI	California	3	2nd CD California
15. ESTIMATED FUNDING:				W BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal	^{\$} 80,000			N/APPLICATION WAS MADE AVAILABLE TO THE RDER 12372 PROCESS FOR REVIEW ON:
b. Applicant	\$.0	O DA	ATE 2/19/	03
c. State	\$ 128,000 .0	0 b NO. [PROGRAM IS NO	T COVERED BY E.O. 12372
d Local	\$.0	0	OR PROGRAM H	AS NOT BEEN SELECTED BY STATE FOR REVIEW
e. Other	\$.0	0		
t. Program Income	.0	0 17. IS THE APPLIC	CANT DELINQUENT OF	ANY FEDERAL DEBT?
g TOTAL	\$ 208,000	O Yes I	f "Yes," attach an ex	xplanation. XX No
				TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED
a Typed Name of Autho Keith Gri	•		b Fife Executive	c Telephone number (530) 378-6905
d Signature of Adthoriz	ed Representative	113	A Control State of the Control of th	e Date Signed
1/ 54			FEB 2 1 200:	2/19/03
Previous Editions Not Us	able The state of		-EB 2 1 200;	Standard Form 424 (REV 4-88)
	//	uthorized Tourto	mlrBenedur.	Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE (SF 424)			2. DATE SUBMITT February 19. 2003	ED	Applicant Identifier		
TYPE OF SUBM Application	ISSION:	Preapplication	3. DATE RECEIVED February 19, 2003	BY STATE	State Application Identifier		
Construction X Non-Construc	tion	_ Construction _ Non-Construction	4. DATE RECEIVED AGENCY	BY FEDERAL	Federal Identifier		
5. APPLICANT INFO	RMATION						
Legal Name STATE O	F CALIFORNIA		Organizational Unit:	OFFICE OF HISTORIC F	PRESERVATION		
Address (give city, cou P.O. BOX 942896 SACRAMENTO, CA 9 6400 -06	94296-0001 (Sacrame	le): into County) 167	code)		e contacted on matters involving ervation Officer (916) 653-6624	this application (give area	
6. EMPLOYER IDEN' _94_ ■ _6_	TIFICATION NUME _0013	47		RAL AGENCY: ark Service (1443)			
8. TYPE OF APPLICA X New Continua If revision, enter appro A. Increase Award C. Increase Duration Other (specify):	tion Revision	specific FEB 20 2	A State B Country C Municipal D Township E Interstate F Internunicipal G Special District	CANT: (enter appropriate H. Independent I. State Controll J. Private Unive K. Indian Tribe L. Individual M. Profit Organ N. Other (specif	School District led Institution of Higher Learning resity	3	
10.CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:				TITLE OF APPLICANT'S	PROJECT:		
1 5 - 9 _	0_4		ANNUAL APPLICA	ANNUAL APPLICATION FOR FEDERAL FY 03 (60/40) FROM HISTORIC PRESERVATION FUND FOR ACTIVITIES RELATED TO THE REQUIRMENTS OF THE NATIONAL HISTORIC			
TITLE: HISTORIC PRESERVATION FOR ACTIVITIES RELATED TO THE REQUIRMENTS OF THE NATIONAL HISTORIC PRESERVATION ACT, INCLUDING PLANNING, IDENTIFICATION AND PROTECTION OF HISTORIC PROPERTIES STATWIDE 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): STATEWIDE					PROTECTION OF		
13. PROPOSED PROJ	ECT:	14. CONGRESSIONAL DIST	RICT OF:				
Start Date 10/01/02	Ending Date 09/30/03	a. Applicant STATE OF CALIFORNIA			b. Project SEE # 11 ABOVE.		
15. ESTIMATED FUN	NDING:	16. IS A	PPLICATION SUBJECT TO	REVIEW BY STATE EX	ECUTIVE ORDER 12372 PROC	CESS?	
a. Federal	\$930,967	a. Y	ES. THIS PREAPPLICATIC ORDER 12372 PROCE	THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:			
b. Applicant	\$.00		DATE <u>2-19-03</u>	TE <u>2-19-03</u>			
c. State	\$521,342	b. N	O PROGRAM IS NOT	PROGRAM IS NOT COVERED BY E.O. 12372			
d. Local	\$93,097		OR PROGRAM	I HAS NOT BEEN SELE	CTED BY STATE FOR REVIE	W	
e. Other	\$6,206.						
f. Program Income	\$.00	17. IS T	HE APPLICANT DELINQUE	NT ON ANY FEDERAL	DEBT?		
g. TOTAL	\$1,551,612	X	Yes If "Yes'" attach an explan No	ation.			
18. To the best of my applicant will co	18. To the best of my knowledge and belief, all data in this application/preapplication are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded						
a. Typed Name of A	Authorized Represent	ntive DR. KNOX MELLO		b. Title STATE HIST OFFICER	TORIC PRESERVATION	c. Telephone Number (916) 653-6624	
d. Signature of Autho	rized Representative	Kunel	lon		2/20/03	e. Date Signed 2/19/03	
Previous Editions Not Us	able	Authorized for Local Reproduction		Sta	indard Form 424 (REV 4-88)Pres	cribed by OMB Circular A-102	

APPLICATION FOR				D PMB(pproval 40. 048-0643	
FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier		
		December 20, 2002		l llns		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY		State Application dentifier	B 1 8 2003	
Application Construction	Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier .		
Non-Construction	Non-Construction			ISTATE (LEARING HO U	
. APPLICANT INFORMATION				VIVIE		
Legal Name: City of Nevada City			Organizational Unit: Wastewater Department			
Address (give city, county, State, and zip code):			Name and telephone number of person to be contacted on matters involving			
317 Broad Street, Ne 95959	vada City, Nevada	a County, CA		r, City Manager 53		
6, EMPLOYER IDENTIFICATION	N NUMBER (EIN):		7. TYPE OF APPLICANT: (enter appropriate letter in box)			
94-6000	1		A. State H. Independent School Dist.			
8. TYPE OF APPLICATION:			B. County I. State Controlled Institution of Higher Learning			
₩ May	Continuation	Revision	C. Municipel J. Private University			
			D. Townskip K. Indian Tribe E. Interstatik L. Individual			
If Revision, enter appropriate letter(s) in box(es)			1 6			
A Increase Award B Decrease Award C. Increase Duration			F. Intermunitipal M. Profit Organization G. Special District N. Other (Specify)			
,,		se Duration	G. Openial District	, (- 		
D. Decrease Duration Other	(specify):		9. NAME OF FEDERAL AGENCY:			
			USDA Rural Utilities Service			
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE	NUMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PRO.	ECT:	
TITLE: USDA Wate 12. AREAS AFFECTED BY PR City Of Nevada City	or and Waste Loan an OJECT (Chies, Counties, S			stewater Improvements	-	
13. PROPOSED PROJECT	14. CONGRESSIONAL I	DISTRICTS OF:		· ·		
Start Date Ending Date	a. Applicant	ĵ	b. Project	Second		
6/1/03 4/30/07	18, Applicant Sieco	<u> </u>			STATE EYECITIVE	
15. ESTIMATED FUNDING:	· 		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE CRIDER 12372 PROCESS?			
a. Federal	\$	2,730,000	B. YES. THIS PREAPPLICATION/APPLICATION WAS MADE			
b. Applicant	\$. 00	AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:			
c. State	\$.00	DATE12/18/02			
d. Local	\$	CO	b. No. PROGRAM IS NOT COVERED BY E. O. 12372			
e. Other	S	- 26	OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
f. Program Income	\$	do.	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
. TOTAL \$ 2,730,000			☐ Yes 'f' 'Yes." attach an explanation. ☑ No			
18. TO THE BEST OF MY KNO DOCUMENT HAS SEEN DUL ATTACHED ASSURANCES II	Y AUTHORIZED BY THE F THE ASSISTANCE IS AI	ALL DATA IN THIS APPL GOVERNING BOOY OF T	ICATION/PREAPPLICA THE APPLICANT AND	THE APPLICANT WILL COM	RECT, THE PLY WITH THE	
a. Type Name of Authorized Re		TOTA M	unager	e. Date Signed/	14960	
d. Signature of Authorized Rep	resentative	· · · · · · · · · · · · · · · · · · ·		12/19/07	}	

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